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ORIGINAL DEPARTMENT.

LECTURES.

THERAPEUTICS OF THE PLEURITIC EFFUSIONS.

[The following is from a recent collection of lectures (published at ERLANGEN, 1871) by the late Prof. OPPOLZER, Professor of medicine at the University of Vienna, and translated by J. H. BLATNER, of Berlin, for Prof. VANDEVERE of the Albany Medical College. Reported by T. D. CROTHERS, M. D.:]

The therapy of the pleuritic effusions is, in many cases, a so-called expectant one, as it often happens that a happy result is obtained in a very few weeks, simply through a proper dietetic course. The patient must be kept quietly in bed, and live on low diet; while the fever lasts, an acid or any mucilaginous mixture may be given, and should cough be present a narcotic must be added. The stitching pain in the side should be treated with cold applications, and, if these cannot be borne, damp, warm cataplasms; and should these fail, leeches should be applied. In those cases in which an extensive fever is present the application of cold water externally, quinine and inf. digitalis are indicated; the latter when the pulse is fast and hard, and the former when it is small and soft. Quinine, in doses of two grains every two hours, is valuable. Should the effusion, coming on rapidly, produce cyanosis, swelling of the jugular vein, or dyspnœa, and symptoms of hyperæmia of the brain, venesection should be resorted to; also when there is danger of acute œdema of the lung on account of the obstruction of the pulmonary circulation by the effusion. (In such cases frequently the necessity for paracentesis may occur.)

When other complications are present, as portal hyperæmia, a violent cough, collection of mucus in the bronchi, causing dyspnœa, leeches should be applied in the hepatic region, and narcotics or expectorants given as indicated by the demands of the case. The absorption of the effusion often causes much trouble, requiring time, and is only gradually accomplished. In such cases the effusions are of a sero-fibrinous character, in which we would from the start anticipate difficulties. The usual remedies to bring about absorption are digitalis, juniper, oxymel scillæ, cream of tartar and iodine penciled over the affected part. Often these remedies fail, and therefore cannot be relied upon. Some authorities recommend dry articles of food to reduce the fluids in the body to a minimum, hoping in this way to bring about thickening of the blood, and increase the absorption, as it has been observed in cases of cholera (SCHROT'S treatment). This treatment is not confirmed by the writer's experience. Stasis may arise in consequence of the thickening of the blood, and inflammations ensue (which can be shown artificially).

The proper regulation of the diet has great influence upon the absorption of effusions. Often a strong, hearty patient, with effusion that is recent, by keeping in bed, on limited diet, with a small amount of fluids, will completely recover. But if the patient is of a weak diathesis, and the stage of effusion passed, to restrict the diet is to peril the absorption of the fluids, and to favor the development of phthisis. In cases of advanced age or anæmia, whether it be in consequence of too great effusion, recent or ancient, phthisis or tuberculosis, or any cachectic disease present, close attention should be given to a good, nutritious diet, with proper care of the skin, with the use of quinine and iron preparations. Frequently absorption of

the effusion will follow a well regulated treatment of this kind.

(A.) In some cases of pleuritic effusion it is finally necessary to remove the fluid by an operation. This is called "paracentesis thoracis," or "fistula thoracis." Paracentesis should be undertaken when the amount of the effusion, or the resulting œdema of the lungs, threatens suffocation; and when fruitless attempts have been made with other means, especially venesection, which is of the first importance, and no abatement of symptoms follows. Some authorities limit these indications to those cases in which the danger is from the amount of effusion—then the operation should only be performed when the patient is free from fever. These authorities reason that if paracentesis is resorted to in a case of acute pleuritic effusion, when fever is still present, a new effusion follows upon the removal of the first. If we consider that through no other means a result can be reached, by which the patient may possibly be saved, and nothing opposes the real necessity for repeating the operation, I would not hesitate to draw off the effusion by an operation, even though it threw a doubt into the argument of the above author. Paracentesis is advantageously used and indicated in both chronic and acute cases of pleuritic effusion, and in *phthisis*, and when the effusion gradually rises to such an extent that acute œdema of the lungs and suffocation is threatened.

(B.) Paracentesis is indicated as soon as the effusion has stood for several weeks (6 or 8), without showing any decrease, and when it is so large as to obstruct absorption on account of the pressure brought to bear on the blood and lymph vessels of the pleura. In such cases the patient is momentarily threatened to be carried away by a deadly swoon, and other dangers, as wasting of the lungs, and in consequence of this loss of capability to again develop itself, even should the effusion be absorbed, development of emphysemas, phthisis, rigidity of the walls of the thorax, etc. As desirable as appears a diminution of the effusion under these marked symptoms, so that the threatened dangers may be prevented, and the blood and lymph vessels placed in the position to again bring about absorption, still it may be advisable to delay the operation until such a time when no more violent febrile symptoms are present, excepting that urgent symptoms would not allow of delay, or that it be a purulent effusion. This precaution is necessary, as we have good cause to believe as long as the patient has fever the effusion has not terminated.

(C.) The removal of pleuritic effusion by an operation is indicated particularly when it is of purulent character. The authorities are unanimous in speaking of these cases, even when we have an effusion as the consequence of pyæmia or from puerperal cause, etc. We dare not hesitate to operate, since experience shows that even under such unfavorable circumstances a happy result may be obtained.

(D.) The opening of the pleural sack is further indicated when in the course of a purulent effusion, the same perforates the lung, and in this way produces a pyopneumothorax. The danger of septic poisoning in such cases is greater than in a single pyæmia on account of the constant fistula of the lungs, a danger which can only be anticipated and avoided by an early and complete drawing off of the contents of the pleura. The operation is indicated, finally, in such cases in which a pyopneumothorax might arise from the confined purulent effusion, causing a spontaneous generation of air, and a septic influence where already symptoms of the absorption of the septic influences are present.

The operation (paracentesis) is not difficult; the instrument best adapted, is a three-edged trocar, on the canula of which an arrangement has been placed to hinder the entrance of air into the pleural sac. If we have to deal with a purulent effusion, we should use a Buttan bistoury, and make a thoracic fistula. So also when a necessary resulting pyæmia is indicated, the scalpel and not the trocar should be used. The use of the thoracic fistula when the effusion is of a purulent character, was adopted by SCHUCH, later by TRAUSSEAU and ROSER, and is at the present time recommended by BARTELS, for this reason, viz.: experience teaches that a cure is seldom effected by means of a single puncture in purulent effusions, and furthermore, if we allow the puncture to heal, a thoracic fistula is brought about sooner or later by the spontaneous breaking through of the effusion. Again, the entrance of air must necessarily ensue in the use of the thoracic fistula. Although feared by most practitioners in serous effusions, it can in a case of purulent

effusions cause no harm if proper care is used in the complete withdrawal of the effusion. To this end we should seek to keep the wound open by either the use of tents, or as these may accidentally slip into the cavity, better by the elastic catheter. The wound should be syringed by means of the irrigator twice daily with luke-warm water, and continued until the water comes out clear from the catheter in the cavity. Through such proceeding the drawing off of the pus is effected with the greatest safety, and by this means the condition of a septic influence and its absorption is prevented.

The rinsing of the cavity is, for other reasons, of great importance, for, namely, it is never possible to completely draw off the effusion by the means of paracentesis alone, since there remains a greater or smaller quantity in the sac. This is the case in all kinds of pleuritic effusions and in cases of empyema. In non-purulent effusions the portion remaining after puncture will generally be absorbed altogether. Other conditions impose themselves as soon as we have to deal with empyema. In cases of this kind as BARTELS justly remarks, the remaining portion of the effusion, even if the entrance of air has been prevented during the operation, acts as an inflammatory principle which gives rise to fresh inflammations of the pleura, with greater purulent effusions. For this reason it is desirable that at least once or twice daily the complete drawing off of the contents of the sac be effected. In many cases it happens after every precaution has been used in rinsing out the cavity, a considerable quantity is again collected, and the pus becomes putrid. TROUSEAU was accustomed, in cases of this nature, to inject into the pleural sac a weak solution of iodine, in the hope of thereby preventing, on the one hand, the effusion from becoming putrid, and on the other, to produce a so-called cohesive inflammation of the two pleural walls. This treatment had many imitators, but it has many great defects, which are as follows, viz.: Beside the danger of resulting iodism, the iodine injections may have the disadvantage, and possess the property of covering the smell, without preventing putridness, a fact first mentioned by Bartels.

Through this agency the smell is covered, and the physician loses an important element in judging the character of the pus. For the same reason we avoid the creasote injections, which have been adopted by many in all cases of purulent accumulations. It is incumbent upon us, in such cases, to bring into practice a remedy which possesses, above all others, an antiseptic influence, and at the same time inodorous, so that its own smell would not cover that of the purulent matter. A solution of the permanganate of potash, or one of common cooking salt perfectly fulfils these conditions. Bartels used the latter (salt) in several cases, with the best of results, in the proportion of one part of salt to 100 of water, (1:100). The salt water injections possess, beside their antiseptic action, the property of diminishing the secretion of pus; so that these injections are excellently adapted, and deserve the warmest recommendations in those cases of purulent effusion. In emphysema, the physician, should look carefully that the fistula is sufficiently open to allow all the pus in the cavity to escape.

In some of these cases, on the edges of the fistula or wound, luxuriant granulations will arise, and contractions of the wound follow, and, as ROSER first demonstrated, a sort of a valve formed, and pus will be retained behind it. Then the knife must again be resorted to. Many difficulties may oppose this operation; it happens in old wounds and fistulæ that at the time of closing and narrowing the ribs forming the intercostal spaces, have approached so nearly that there is no space left for the introduction of a catheter. If, in such a case, there is considerable collection of pus, the trocar may be introduced in the intercostal space above and thus relief afforded. But if the effusion has diminished to such an extent that we cannot reach it by applying the trocar above, no other means remains but to trephine or resect the rib above the former wound. This is recommended by SEDILLAT and ROSER. In all these cases the patient must be supported with quinine and a suitable diet, with proper care.

A different course of treatment is indicated in cases of non-purulent effusions, as in empyema. In the purulent effusions a speedy withdrawal of the accumulation is indicated. In the non-purulent effusions such a proceeding is not to be entertained, especially not if the patient at the time is in a feverish condition. When paracentesis is performed, it is recommended to take away a portion

only, for these reasons: First: If the pressure which has been received on the part of the effusion, on the vessels of the pleura receives too sudden a shock, in volume through the operation, a fresh exudation will follow in the cavity. Secondly: Experience teaches that in effusions that are not purulent, the portion remaining after the puncture can be absorbed, and does not remain as a permanent cause of inflammation, as in the former, and the total removal is neither indicated nor demanded.

When the operation is performed in a case of non-purulent effusion, the fluid from the cavity should only be allowed to flow until a perceptible decrease of the dyspnœa and cyanosis is effected; or if the operation is undertaken to relieve the great accumulation which could not be absorbed reasonably, it should be allowed to flow until it comes in a perceptibly smaller stream, care being exercised not to empty too great an amount of the accumulation. If the effusion shows itself to be of a hemorrhagic nature, or the patient is phthisical, or endangered by any other cachectic disease, the danger is of collapse. Even if in such cases where the pleuritic effusion is not curable, still the physician possesses a most worthy palliative in the operation of paracentesis. In cases of great danger he can at least render temporary aid or alleviation.

Having punctured the thorax and drawn off the proper amount of fluid, the canula is to be removed, and the wound closed with a large piece of adhesive plaster. In cases of paracentesis not to be mistaken for "fistula thoracis," further after-treatment is not necessary. It is an evident fact that the greatest psychical, as well as physical rest, is to be enjoined for the patient.

In choosing the point for operating, the question where to make the incision naturally falls away in a case of "*empyema necessitatis*," as we must operate where the swelling is found; but if we do not have such a case, then it is advisable, in great pleuritic effusions, to pierce the walls in the 4th or 5th intercostal space, in a direction forward from the axilla, excepting when the heart or lung is abnormally attached to the wall of the thorax, forbidding the operation at this point. ROSER thinks the operation in the axilla not admissable, but prefers a forward direction from it, because the contraction of the thorax is impeded by the articulation of the ribs with sternum, a circumstance of the greatest importance, if it could be shown that the effusion was of purulent character, making it necessary to establish a thoracic fistula.

The best position of the patient during the operation is horizontal, and not sitting, since in this position he is very prone to faint. Bartels explains the cause of these fainting fits as follows: After the pressure is removed which has compressed the lung until the drawing off of the effusion, not only does air rush into the bronchi and alveoli of the lung and expand its collapsed tissues, but also more blood is poured into the compressed ramifications of the principal trunks of the pulmonary artery. The next result is a considerable decrease of the blood pressure in the region of the aorta, because the sudden expansion of the lesser circulations occasions a slower flow of blood from the right to the left portion of the heart, consequently a slower filling up of the left ventrcles. Fits of fainting, as expressive of an anæmic arterial condition of the brain, when occasioned by the drawing off of pleuritic effusions, find their explanation in this way.

The advanced age of the patient is no contra-indication against either the operation for paracentesis, or fistula thoracis. On the contrary, we should the less hesitate to operate in order to draw off the effusion, because the rigidity of the ribs in older persons does not allow of the least expansibility of the lung within a larger or smaller space to be compensated through a contraction of the thorax. The question may be asked, if the operation of paracentesis is not indicated where the effusion has existed for years? The answer is, few prospects of success are offered, and much danger may follow, because in this state of things we can clearly perceive that those portions of the lung which had been compressed have become atrophied, and as a rule all dislocated organs, viz.: the heart and its attachments, have shrunken, and very little fluid could be drawn off, and laceration of the healthy lung would be unavoidable. The operation is then positively contra-indicated, and if the patient continues in good health it would be criminal to subject him to such dangers. The author has seen a Russian colonel in whom the right half of the thorax was completely filled with an effusion which did not in the least hinder him from his military duties.

Finally, we would most emphatically state,

that when we have a purulent effusion we should not be misled by applying paracentesis, but make a thoracic fistula. Experience irrefutably teaches that in many cases the patient can only be saved by this operation; but with paracentesis a fatal result will follow. To be certain in all cases, as soon as we can diagnose a purulent effusion in the thoracic cavity, operate at once by thoracic fistula.

The intercostal neuralgias which remain after pleurisies are best treated by vesication; often subcutaneous injections of morphine or atropia will bring on favorable results.

Communications.

NOTES OF PRACTICE.

By H. L. W. Burritt, M. D.,

Of Bridgport, Conn.

INCISED WOUND.

L. K. A. Strong, healthy young man, æt. 25, was stabbed, July 30th, in a quarrel at a pic-nic, by, it was supposed, a long blade of a pocket-knife. The point entered the lower edge of the seventh rib, about three inches from the sternum, passed through the lower right lung and entered the stomach. A little air escaped from the wound, and a probe passed downward, entered the stomach and produced immediate and strong vomiting, and faintness. A severe hemorrhage for two hours after the injury, had partially stopped when I saw him. There was great prostration and constitutional disturbance, but very little pain. The wound, one-half inch in length, was closed with lint and adhesive plaster, and made impervious to air by collodon, and a strong, wide bandage, with compress at the wound, was placed around the chest to prevent the least motion. Morphiæ, grs. 1, tinct. aconite, gtts. x., every four hours; no food or drink to be allowed, except small lumps of ice in the mouth.

July 31.—Fifteen hours after the injury, when I saw him, the following symptoms presented: Countenance flushed and anxious; tongue white, thickly coated; pulse 140 and small; had taken 3 grs. of the morphine, and no sleep, with restlessness most of the night; lower two-thirds of the right lung congested, no murmur whatever; slight bronchial rale under the scapula; patient had to be raised high on pillows to get any breath, as he said, The opium treatment was pushed, the bowels being tympanitic, and no confidence being felt in any other treatment; pills, each opium grs. 5, antimony grs. ¼, were given every two hours, and tinct. aconite, opium, belladona, chloroform, m. a.a. ℥ii., was freely rubbed over the abdomen, and ice-water allowed in small quantities.

August 1.—Twenty-four hours; pulse 130 and fuller; has taken 25 grains of opium; some sleep at intervals; lies quiet; pupils contracted, but tolerates the opium very well; complains of no pain, only distress in breathing; bowels still tympanitic, and looks hectic; is unable, as from the first, to lie on either side; opium continued; oatmeal gruel, and milk, with strong broths, allowed to be given.

August 2.—Pulse 130; respiration freer; slight murmur in middle lobe of the lung, but no cough or pain, except on motion; tongue still coated white; urinates freely for the first time since the accident; has taken 30 grains of opium in the last twenty-four hours.

Aug. 3.—About the same medicine continued; skin moist and more natural; took 30 grs. of the anodyne in past 24 hours.

Aug. 4.—Fifth day; pulse 125; natural sounds working lower in the lung; can be moved easier; has taken a pint of milk gruel; countenance more sallow; there evidently being, through the bandages, a discharge from the wound, they were removed, the wound examined, and about one ounce of bloody pus discharged by slight pressure; opening has contracted and looks healthy; closed immediately as before with firm bandage. Patient being narcotized and stupid, 20 grs. having been given in the past day, tinct. belladonnæ gtts. xx. every two hours, was given for 12 hours, with the effect of relieving the stupor and the anxieties of friends. Then camphor and opium U. S. P. pills given every two hours.

Aug. 5.—Pulse 110; bowels moved by calomel and Dov. powds.; urine free, and looks cheerful. Tympanitis relieved; treatment cam. and opii pill continued.

Aug. 6.—9th day; pulse 100; murmur free over entire lung; the congestion of blood etc., removed by absorption, as there has been no

cough or expectoration to speak of; wound discharged through small opening, teaspoonful of pus for second time; carbolic oil was applied, and continued after first dressing through the treatment. Patient sits up for half an hour, but the least motion of the shoulder or side is painful. Seen again Aug. 8th—11th day. Pulse 85, strong and full; takes 6 grs. opium in 24 hours, eats freely of broths, etc., with a wine-glass of sherry, or rum and water; can sit up a third of the time.

18th.—Patient nearly recovered; says, "he has been so full of opium don't recollect much." The recovery I think from this evident severe injury and shock, and peritonitis, with the lung complication, is owing almost solely to the opium—which remedy, with belladonna, its antidote, at hand, we can use the more safely and freely. At this date the man is around in his usual health, except weak from confinement, and complains of only a slight soreness of the wound; pulse and respiration natural. I have used the opium treatment for the last five years in all lacerated or contused wounds, and very largely with the best results.

CASE OF CANCER OF THE STOMACH—SYMPTOMS DURING LIFE OBSCURE.

By Ira D. Canfield, M. D,

Of Lock Haven, Pa.

Mrs. P——, of this city, died on the 27th of August last, and at her request, coupled with that of her family, Dr. S. Adams, who was her last medical attendant, and myself, made a *post mortem* examination of the body, or rather of the abdominal viscera.

The body was much emaciated. On opening the abdomen by the usual cervical incisions, the viscera were found to occupy their natural positions and relations, except that the stomach, liver, pancreas and transverse colon were firmly glued together wherever these parts naturally come in contact. In places the union was by strong ligamentous bands. A portion of the jejunum was also adherent to the under surface of the stomach. At the cardiac end of the stomach, presenting anteriorly, was a whitish tumor, about the size of the palm of the hand, slightly elevated above the general surface, and smooth to the touch. In breaking up the adhesions to free the stomach, its walls were found to be thickened, and softened so much that in one place they were broken through in the operation.

On opening the stomach the mucous membrane was found to be thickened, congested, and infiltrated with cancer juice, and the stomach entirely empty. The tumor at the left end was found to occupy the walls of the stomach, with a smooth surface and slight elevation exteriorly, and projecting into the cavity of the viscus in a lobular, nodulated mass. Projecting from the under surface of the stomach, and attached to the pancreas by adhesion, was a secondary cancerous lump about the size and shape of a large almond. The tumor at the left end was dense, firm and gristly, except in two spots near together on the inner surface, where it was soft and friable as if about ready to break down in ulceration. No doubt could be entertained of its scirrhous character.

The history of the case may be briefly stated: Mrs. P——, a little over three years ago, first made known to me the existence of a tumor in her abdomen, which she had first noticed herself some four months previously, and when first observed seemed nearly as large as it seemed at any time afterward up to the time of her death. On examination, a tumor, usually occupying the left hypochondrium, could be distinctly felt, and even handled through the walls of the abdomen. It presented to the touch about the size, shape and *feel* of a natural human spleen; so much so, that on first examination I told the patient that if I had ever heard of such a thing, I should consider it a dislocated and floating spleen. It was very mobile, and could easily be pushed over into the right hypochondrium; could be carried centrally below the umbilicus, and with a force that caused the patient pain and a sick, sinking sensation at the pit of the stomach, could be carried almost into the right iliac fossa. The tumor was not sensitive; could be handled pretty roughly without causing pain, and although I examined it frequently from that time up to within the last six months, it never presented much difference in its appearance physically. Latterly, its mobility became much diminished, owing, as the sequel showed, to the adhesion of the stomach to other organs.

The tumor was never the seat of sharp and lancinating pains, nor did it ever become very tender to the touch. The patient's health began to fail from the time she first noticed the

tumor, and although she referred her distress principally to the stomach, yet the symptoms were generally those of an ordinary case of dyspepsia. She vomited sometimes, but never suffered extreme irritability of stomach, except that but little was retained for five or six days previous to her death. Her health and strength gradually failed, and for the last year her appearance denoted that she was dying of malignant disease, and the tumor was generally conceded to be a cancer; but no physician, who ever examined the case, thought of locating the tumor in the stomach. My own suspicion was that it was in the omentum; but of this I never felt sure.

One physician (so-called), of the infinitessimal persuasion, insisted upon performing an operation for its removal. I do not know where he located it—if, indeed, he knew himself! No treatment that she ever received from some half dozen doctors afforded even temporary relief; nor yet were her sufferings ever very great. She gradually sank and died from exhaustion. She never had the fetor of breath characteristic of gastric cancer—never vomited any blood nor any matter looking like coffee grounds. This patient had a brother who died of cancer of the stomach with the usual symptoms. I should have stated that she was the mother of a large family of boys and girls; that in health she was a spare woman of medium size.

The points of interest in this case, and which distinguish it from ordinary cases of gastric cancer, are to be found in the symptoms during life. The smooth feeling and flat-oval shape it presented to the touch. Its nearly uniform size, one period with another; though it increased somewhat in the last year. At times, however, it would rapidly swell to treble its usual size, and as rapidly fall again; this was owing of course to flatus. The strangest feature was its great mobility in its early history. But I should here remark that the stomach was greatly elongated at the left end (as discovered *post mortem*), the œsophagus seeming to enter near the middle; and after the adhesions were broken up the same latitude of motion obtained. The non-irritability of the stomach was another singular feature in this case (though not without precedent); for it has been remarked that a cardiac cancer causes more irritability than a pyloric. Prof. McSherry, of the University of Maryland says: "A person will live longe with pyloric cancer than with cardiac; for the former will allow some small portion (of food) to be absorbed before it is ejected, while the latter will *allow nothing* to enter the stomach."

In Vol. XIV. No. 18, p. 349, Medical and Surgical Reporter, there is reported a case of gastric cancer, discovered *post mortem*, and specimen shown at the Pennsylvania Hospital, clinic of Dr. Da Costa, in which the symptoms during life were latent, or almost entirely wanting. But this was a case of cancerous infiltration of the walls of the stomach, no tumor appearing.

Also, in the Reporter, Vol. XV. No. 24, p. 496, the case of a clergyman related by Wilson, who complained of much pain in the region of the kidneys, the cause of which several eminent practitioners failed to discover, but which was relieved by cupping. The man finally died with no other symptom save slight sickness just previous to death, when a cancer of the stomach was found. The reader who may be interested in the subject of gastric cancer is referred to this article for much instructive matter, chiefly statistic.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. S. D. Gross.

[REPORTED BY DR. RALPH M. TOWNSEND.]

September 6, 1871.

[This is the initial surgical clinic of the fall and winter course. During the summer recess Prof. Gross has been spending some weeks at the seaside, and returns to his professional duties greatly refreshed.]

Nævus.

Although this is a common affection, the variety here presented is rather uncommon. There is a distinct claret discoloration on the temple and cheek of this babe, aged eight and a half months, which is distinctly visible from all parts of the room. Closely examined, the affection is found to consist of dilated and varicose veins which slightly raise themselves above the natural level of the skin. The tumor which they form is soft and spongy, and free from bruit or pulsation. The mother did not notice any sign of these enlarged veins at birth, her attention first being attracted toward them when the child was about two weeks old. The skin here, in places, seems attenuated and incorporated with the morbid

structure. This affection is doubtless congenital, but may occur at any period of life. The coats of the veins are not as thick and firm as those of normal veins usually are, but the aggregate capacity is so much greater than what the part naturally possesses, that the enlargement must be regarded as a product of super-nutrition, and nothing else. The parts here are perfectly soft and spongy, and although such a product might be the result of external injury, there is no effusion or bardening here to speak for the presence of any inflammation. This tumor then is a network of dilated venous capillaries, not of new development, but simply an exaggeration of those which are peculiar to the part where the morbid growth is situated.

When such a tumor is concentrated it may be dealt with by excision, subcutaneous injection or strangulation; but in this case, where the affection is so extensively diffused, manifestly nothing can be done.

Epithelioma of the Pharynx.

This patient, Robert Kilpatrick, æt. 60 years, according to his own account has twice been the subject of an operation or account of cancer of his lip, although, now, the latter is perfectly soft and healthy. He presents himself to-day laboring, as he believes and his belief is confirmed by his previous troubles with cancer of the throat. This is his statement: He can swallow no solid food; he has a steady, burning, sharp, pricking pain in the part; he expectorates constantly, the discharge often being streaked with blood; his sleep is interrupted by a profuse salivary discharge running into his windpipe, and choking him; he is emaciated, being much reduced below his natural weight, which was 180 lbs.; he has no appetite, great thirst, and suffers from constipation; and finally, the opening of his mouth above half an inch is productive of great pain.

Looking into this man's mouth shows that the curtains of his palate are much thickened, a condition which does not attend simple inflammation. The profuse salivary discharge shows a marked inflammatory condition of the mouth. He was first aware of his present trouble about the first of March, since which time the disease has rapidly advanced. It is barely possible that this case may be one of syphilis, and more possible when examination reveals, as in this case, little or no involvement of the surrounding lymphatic glands; but the most careful and patient inquiry fails to show that this man was ever the subject of this disease, and when we take into consideration that ten years ago he had a suspicious sore upon his lip, which had to be twice removed—that the parts within the throat are irregularly enlarged, with here and there a little ulceration—the conclusion is forced upon us that this affection must be one of an epithelial or carcinomatous character. What may have been the original cause of this disease is not known—external injury, irritation, want of cleanliness and hereditary predisposition, being charged with its production.

In this case, as in the last, surgical interference would be eminently unjustifiable. The only indications to be fulfilled here are the building up of this man by tonics and nutritious food, and the giving him of such remedies as will allay pain and produce sleep. We have no specifics in these cases, notwithstanding the daily and even the religious press teems with favorable notices of them. We are just in the midst of an excitement relative to the cundurango plant, a native of South America, which is being lauded as a specific in these cases, but, in my opinion, *it possesses not the least power in this respect.*

Treatment.—As a tonic, twenty drops of the tincture of the chloride of iron four times daily. To cleanse the throat, a teaspoonful of the clorate of potassa to be added to a half tumblerful of water and used as a gargle; and to induce sleep and allay pain, give at bedtime thirty grains of the bromide of potassium in combination with fifteen grains of the hydrate of chloral, adding to the same, if necessary, one-quarter of a grain of the sulphate of morphia.

Spasmodic Torticollis in Consequence of Injury to the Spine.

Wm. Dagnew, æt. 4 years, fell out of a bed of moderate height, five days ago, striking his head; and in consequence of the injury the head seemed to take its present position immediately. He can neither turn nor raise his head, attempts at either of these movements only resulting in some lateral or antero-posterior movement of the body. The deformity seems principally due to the contraction of the sterno-cleido-mastoid muscle in front and the splenius capitis behind. In consequence of the deformity there is lateral curvature of the cervical vertebræ, the concavity being toward the side to which the head is bent.

Concussion of the bodies of these vertebræ has probably given rise to the condition we here witness, the absence of objective symptoms implying non-injury to the cord itself. The contraction of the muscles is an effort on the part of nature to keep the parts still.

Treatment.—Counter irritation is needed here, with rest of the head. The neck will be well painted with the tincture of iodine.

In case of continued muscular contraction, the galvanic battery can be applied, the lecturer stating that he had seen similar cases cured by one or two applications of this agent.

Should the battery fail, the 1–100 of a grain of the sulphate of atropia can be injected subcutaneously.

Sacculated Bladder.

About three months ago this patient, John Murphy, æt. 68, had retention of urine which lasted for two weeks, and his water had to be drawn off during that time with a catheter. Now he can pass his water, but there seems to be a want of proper contractility in the

bladder, rendering its voidance somewhat imperfect. Moderate pressure over the suprapubic region or the taking of a long breath gives rise to no great pain. A catheter is always passed without difficulty, but when its point fairly enters the bladder, the latter is found to be fasciculated or columniform; and the rotation of the instrument gives rise to pain. The finger introduced into the bowel reveals the lateral lobes of the prostate gland enlarged.

The condition under which this man labors, is chronic; and although the muscular fibres of the bladder are hypertrophied, tone and proper contractility are wanted in the same. Then this fasciculated condition, along with enlargement of the prostate, always leaves a certain amount of urine to decompose and irritate in the bas-fond of the bladder.

This man's bladder should be thoroughly emptied of its contents at least once in the twenty-four hours. For this purpose the catheter should be introduced daily, and the following mixture taken every eight hours:

R.	Ext. fld. ergotæ,	ʒj.	
	Tinc. nucis vomicæ,	gtt.x.	
	Tinc. ferri chlor.,	gtt.x.	M.

The ergot will have a specific effect upon the contractility of the bladder. The nux vomica, besides its tonic effect, is beneficial in torpid or paralyitic conditions of the motor and sensory nerves, and the tincture of the chloride of iron is one of the best tonics we possess. This man will again report to us at the end of a week.

Suspicious Glandular Tumor.

John Jump, æt. 2 yrs., has a swelling on the cheek and neck which looks and feels glandular; but to tell exactly the nature of the case requires repeated examinations and careful watching. One should hesitate before plunging his bistoury into a suspicious swelling of this kind, for fear the withdrawal of the knife might be followed by the protrusion of fungus matter. As this boy seems to have been amply treated with salves, and has in conjunction with his tumor an angry swelling on his finger, we will order him,

R.	Tinc. ferri. chlor.	℥ ss.
	Hydrarg. chlor. corros.	grs. ij.
Sig.	5 drops in water, 3 times daily.	M.

Apply a bran poultice, made with salt water, to the swelling, and bring the boy back in two weeks.

Periscope.

On American Wines.

Dr, Charles A. Lee says in *The Journal of Materia Medica*, on this subject:

It is evident, that no locality can be recommended for all seasons, no particular soil for all latitudes, and no single variety of grape for all localities. The variety of grape should be adapted to the soil and climate, and that variety which contains in greatest quantity, the essentials for wines in the gathering season, should be the grape adopted for its special locality. The Concord, or other early maturing variety, rich in sugar, would probably give as good a wine, in the latitude of New York, as the Isabella, Ives' Seedling, or other variety requiring a longer season, would give in the latitude of Richmond, Virginia, all other things being equal. Yet it must be admitted that as continuous sunshine and a long season enrich the grape, the chances for successful wine-making are more favorable in the South than in the North.

We hold that in the Middle, Southern and some of the Western States, as well as near the borders and on the islands of some of our inland lakes, as good wines can be made with proper care, as in any country in Europe; and on some accounts it is desirable, both in a medicinal, and hygienic point of view, that we should be independent of foreign nations, in regard to our supply of this important article. There are several reasons why American wines are generally so inferior to the foreign, one of which is, that our grapes are often picked from the vines before they are ripe; forgetful of the fact, that perfection of color does not always indicate maturity, as nature continues her elaboration and refinement of the juices, long after the coloring is completed, and even until the grapes shrivel. Our grapes are generally picked in September, or the first week in October; but in the same latitude in Germany and France, the grapes are allowed to hang until frost, or even late in November. It is not that American grapes are unfit for making good wine, as is generally assumed, but because they are picked too early. Sufficient care is not bestowed upon the picking, crushing, pressing, fermentation and other processes necessary for its production. It is true, we cannot grow grapes of equal merit in the same degree of latitude as in Europe, because the isothermal line in the United States runs much further South; but still, we have an abundance of grapes, particularly the *Concord*, which ripen early, and will acquire all the perfect wine essentials, by hanging late upon the vines; or they can be ripened by picking

and laying on stra inwell ventilated rooms. Grapes are not to be pickdeall at once, particularly those of the same variety, without regard to difference in ripening. In Europe, several pickings as I have observed, are made from the same vine, selecting only those clusters which are fully ripe. The berries ripen unevenly on the same vine, and even in the same cluster. The failure, thus far, to make good American wines, is then, no proof that they can not be made here, if we use well matured grapes, and the proper management, in combination with skill and experience. For the details of the processes employed in successful wine-making and *vine-culture*, we must refer to treatises specially devoted to these subjects. American housewives are in the habit of making domestic wines from black-berries, elder-berries, currants and a variety of fruits and vegetables, but we rarely meet with grape wines of domestic manufacture, on account of an opinion which exists, that it requires greater skill and more experience to make wine of grapes. But such an opinion is now known to be fallacious, for by careful treatment, and a knowledge of the principles of wine-making, a far superior article can be made of grapes, at the same expense and trouble, than can be made from any other fruit.

In regard to the native wines, made at present in New England, New York and the Middle States, excluding those of California, we may safely say they have no distinctive character. The color can be regulated from a white to a golden or dark wine, but the flavor and other characteristics are dependent upon artificial management or, are merely accidental. Our domestic wines are usually made with the addition of more or less sugar and alcohol; the former being added before, and the latter after the fermentation of the *must*, or unfermented juice, in proportions of from half a pound to three pounds to the gallon, and from a gill to a pint of either alcohol, wine-spirits, or white brandy, according to the maturity of the grapes, or according to their quality; but from well-matured grapes, which have hung upon the vine, until their skins become thin and somewhat shriveled, good wine can be made without any additions whatever.

In wine made from perfectly mature grapes, the addition of sugar may be detected by the taste, and the largest amount above named, would make a cordial or syrup, instead of a wine, from the fact that there would not be a proper balance of acid, which is necessary in a good wine; but in the *must* of unripe grapes, the acid already exists in far too great a proportion to the water and saccharine principles. Sugar and water may, therefore, be added with advantage, though the result will be a wine of less durability, and probably of a lower grade. An artificial liquor, called wine, such as nine-tenths of all the *Champagne* drank in the United States, not containing a single drop of grape juice, is drank by the inexperienced, and perhaps by good judges, without a suspicion of its true character, and is even preferred by some to genuine wine of inferior quality. I found that in the Bordeaux districts of France, water is added to wine at the rate of from *fifteen to sixty per cent.*, while sugar is also added in proportion. In Spain, where the grapes are richer in saccharine matter, water is added without the sugar. In the wine vaults of London, the proprietors told me they added thirty per cent. of brandy to all the *Sherry* wines exported to this country, and to the *Port*, a still larger percentage.

But our grapes are so deficient in sugar and in consequence, the alcoholic property, that unless they are properly matured, we find it necessary to enrich the *must* rather than weaken it; in order to produce a wine equal in all respects to the Bordeaux of France or Malaga of Spain.

Physical Diagnosis in Brain Disease.

Dr. R. A. VANCE, in concluding an article on this subject in the *Medical World*, says:

The pathological process which, in the majority of cases, precedes the development of apopletic symptoms, is due to an altered relation between the tissues and the blood. With the exception of cases of embolism, it is probable that some condition of this kind is present in all cases of apoplexy. Whatever the essential nature of this process may be, the state of the cerebral circulation is, beyond all doubt, a factor of the utmost importance. This varies in different cases from well-marked anæmia to extreme hyperæmia. Although the symptoms experienced may be similar in both classes of cases, yet the treatment required in each is widely different.

The symptoms which precede an apoplectic attack vary widely in different cases. The presence of certain of these symptoms at one time, and their absence at another, are doubtless due to the increase and diminution of this pathological process within given areas of the brain substance. To the fact that in the one case the sensory tract may be implicated alone, while in others this process may invade the motor tract or the supreme centres, are due those curious cases in which the premonitory symptoms may be limited to disorders of sensibility, motion or intellection alone. This process, again, may be so generally distributed as to affect all those centres to an equal degree, in which case the symptoms will partake of all these different characters.

Whatever the character of the symptoms produced, whether limited to the intellectual faculties or generally diffused over the sensory or motor powers of the individual, it is a matter of the utmost importance to determine the condition of the encephalic organs, and to adopt proper treatment. The difficulties of sleep and dreams; the illusions and hallucina-

tions of sight, hearing, touch, taste and smell; the faltering voice and feeble limbs, as well as the confusion of thought, vertigo, headache, and actual delusions which these cases present, are due to cerebral conditions which our instruments enable us to appreciate, and which our remedies can control. To recapitulate:

1. The thermometer indicates local variations of temperature. In some cases of nervous disorders, Dr. BROWN-SÉQUARD says that the difference between the two sides may exceed 12°.

2. The dynamometer registers the comparative strength of the two sides, and in cases of disease determines the side of the brain in which it exists with the greatest intensity.

3. In like manner the æsthesiometer indicates the comparative sensibility of the two lateral halves of the body, and affords like information as to the site of the cerebral disease.

4. The ophthalmoscope enables us to demonstrate the condition of the cerebral circulation, and thus to discover the immediate cause of the brain symptoms. In the vast majority of cases, this will be a state of hyperæmia. In some, however, anæmia will be the cause. In certain cases local extravasations of blood can be seen in the retinal structures, together with very intense congestion. Should organic disease be present, it, in the majority of instances, will be indicated by structural changes in the optic disc of the side on which it exists.

Action of Carbolic Acid and Creasote upon the Organism.

Dr. TH. HUSEMANN, in a communication in the *American Journal of Pharmacy*, discusses the various physiological and toxicological observations made by medical men with the two chemicals, which, by chemists, physicians and pharmacists, have been frequently confounded. Dr. J. UMMETHUN has instituted comparative experiments upon frogs, pigeons, cats, rabbits and dogs, and from these and other observations the author arrives at the following conclusions:

1. Both creasote and carbolic acid exert a decided local and general action upon the animal organism.

2. The local effect of carbolic acid, undiluted or in concentrated solution, is more energetic than that of creasote; the former is caustic, while the latter merely causes irritation and inflammation. The influence upon the mucous membrane of the stomach and crop is more intense with the former.

3. The toxical effect of carbolic acid is likewise much stronger. Its lethal dose in subcutaneous injection was found to be 6 mgms. for frogs and 0-1 grm. for pigeons; and when given internally 0-45 grm. for rabbits, 0-5 grm. for cats and 2-5 grms. for medium sized dogs. The injection of creasote proved fatal only after doses of 0-03 grm. in frogs, 0-2 grm. in pigeons, and, when internally applied, rabbits and cats died after doses of 2-5 grms. and 60 drops. The smallest lethal doses to man of carbolic acid and creasote cannot, at present, be stated, because in most instances of poisoning by these substances excessively large quantities had been used.

4. The constitutional effects of both poisons are manifested by nervous disorders, but in a very different manner. Carbolic acid produces at first tremulousness, then spasms of such a severity as is observed only from few poisons (picrotoxin, codeia); they continue often for several hours, if the quantity of the poison was not excessive, and turn into palsy, which is followed by death. The symptoms of creasote poisoning are different; in the beginning, considerable uneasiness sets in, then remarkable symptoms of difficulty of breathing, in a short time followed by great prostration and paralysis, which often lasts for several hours before death ensues, but always without any signs of spasms. This difference in the toxical effects is so considerable that it alone is sufficient to remove all doubt about the nonidentity of carbolic acid and creasote.

5. The *post mortem* examination reveals two symptoms, which, in like manner, prove the distinction of the two substances.

The blood of animals poisoned by carbolic acid is always liquid, even if dissection has taken place a considerable time after death; this is one of the signs of death by suffocation, and in the case of carbolic acid, of poisoning produced by insufficient respiration, caused by the peculiar effects upon all the muscles. On the other hand, the blood of animals poisoned by creasote, is invariably characterized by an increase of its coagulability, so that, even if the dissection was undertaken immediately after death, the blood coagulated at once; tough and hard blood congelations were often observed in the heart and the larger veins, but never after death by carbolic acid.

Another peculiarity of creasote poisoning, not observed after carbolic acid, is found in the lungs, where hardened circumscribed spots of larger or smaller dimensions are observed, while after carbolic acid poisoning usually shrinking and paleness of the lungs are seen, but nowhere signs of inflammation.

Indisputable cases of poisoning of men by creasote are so rare, and mostly so imperfectly described, that it is difficult to decide whether the symptoms and effects harmonize with the observations on mammals, and whether the same characteristic distinctions from acute poisoning by carbolic acid may be observed. The case of creasote poisoning described by Müller,* showed these effects.

There are cases on record where inflammation of the lungs was observed after death by carbolic acid. In the one related by Taylor,†

*Württemb. Corresp. Bl., 1869, No. 42.
†Guy's Hosp. Rep., 3 Ser., xiii, 233.

the caustic effects and inflammation were doubtless caused by direct contact of the acid with the respiratory organs. In the case described by Gavin P. Tennent,* where half an ounce of Calvert's carbolic acid No. 4 was taken by mistake, death occurring after a month, it cannot perhaps be solely attributed to the effect of the poison; moreover, it is not improbable that the impure carbolic acids of commerce may be variable mixtures of carbolic acid and creasote.

Operation for Procidentia Uteri.

Dr. C. C. F. GAY, surgeon to the Buffalo General Hospital, writes to the *Buffalo Medical Journal:* Mrs. Rosanna G., aged 35 years, has had procidentia complete for 13 years. Has borne five children, three of whom were born since the occurrence of the procidentia. The os protrudes two or two and a half inches beyond the vulva. Treatment, preliminary to operation, consisted of weak solution of nitrate of silver to the prolapsed surface of the vaginal walls, and the administration of a dose of castor oil the evening previous to the operation.

On June 6th, 1871, I operated in the following manner, there being present Drs. GOULD, BOARDMAN, BARNES, CHACE, WILLOUGHBY and MCNEAL, and Mr. BARTOW, medical student. Chloroform was administered, and the woman placed in the semi-prone position upon a table, with the limbs flexed. Sims' speculum was used.

I ante-verted the uterus as recommended by Dr. EMMETT, in order to keep the os well up out of the way, but notwithstanding, found the uterine holder in the hands of an assistant of service.

The mucous membrane in front of the os was now seized and caught up by the tenacula, one in each hand, at two points, and brought together at the center, when it was ascertained that a strip four inches in length could be denuded, and brought in apposition without causing much tension.

One of the tenacula was dropped, and the other held by the hand, caught in the mucous membrane, and a strip denuded three-quarters of an inch in length, in line with the axis of the vagina by one-half inch in width. This completed, the other tenaculum was taken up and the same amount of surface denuded. These two raw surfaces were now connected by denuding a strip of mucous membrane one-half inch wide across and in front of the os, making a denuded surface upon the anterior wall of the vagina and in front of the os, from four inches to four inches and a half in length.

This raw surface was now brought together by introducing two silver sutures with a running stitch, one suture passing along the upper margin and the other the lower margin. The wire was drawn through with the silk loop, the parts brought together and the wire twisted. In this respect I did not follow Emmett, as it will be recollected that he uses but a single suture in this part of the operation. I am not able to say that there is any advantage in using the two instead of one suture, but it will appear that when two are used, the parts ought to be doubly secure. In finishing the operation I again departed from the plan recommended, not indeed, so much from choice, as from compulsion, in consequence of the peculiar conformation of the vaginal walls, and on account also of the position of the redundant mucous membrane, which prolapsed. My incisions did not diverge from a point just above the meatus and run up so as to connect with the horizontal strip, but when completed the surface denuded was shaped like the letter U, the convexity looking toward the vaginal outlet, and did not reach down so nearly to the meatus by three-quarters of an inch as in Emmett's operation, and the two lines of denuded surface were nearly parallel; thus it will be seen that much more tissue would be taken up and enclosed within this space when the raw surfaces were brought together. I found one advantage in this, not so many sutures were required as would have been necessary had the incisions ran down to the meatus. Seven or eight sutures were used, whereas, had the denudation extended down to a point, at least three more sutures would have been required.

The parts were approximated, the sutures twisted, cut off one inch in length, and turned upward. On the eleventh day the sutures were removed and union found to have taken place throughout the entire extent of my scarifications. On the 23d of June the patient was setting up in bed. I made digital examination, and cannot hesitate to say that the success of the operation is complete.

Just sufficient opium was given to constipate the bowels, and the bladder was twice or thrice daily evacuated by the catheter. Made examination July 5th, there is no further prolapse, and the woman is walking about her room and up and down stairs.

*Glasgow Med. Journ., Novbr., 1870.

The Pine-Forests of Georgia as a Resort for Invalids.

Dr. EZRA R. PULLING, of New York, says in the *New York Medical Journal:*

The tract which I wish particularly to notice covers the greater portion of the tertiary region of the State of Georgia. This tertiary zone rises gradually from the coast, till at its western margin, one hundred and fifty miles from the sea, it attains the height of five hundred feet. Its sloping surface is broken by two abrupt elevations of about fifty feet each, presenting to the eastward a double series of escarpments, running parallel to the coast, at the respective distances of thirty and fifty miles from the sea. Both evidently mark the

site of ancient beaches, and indicate successive upheavels.

From the eastern range of cliffs, westward to the borders of the tertiary region, almost the entire surface of this area consists of fine sand, which is underlaid at a variable depth by clay. It is covered almost solely by terebinthine-trees.

This uniformity in geological and botanical characteristics is interrupted by a few large rivers which form marshy valleys, having an average width of a mile, and a depth of twenty or thirty feet below the general level. These river-swamps are composed of alluvial deposits, and are totally dissimilar to the surrounding country in their soil, their flora, and their fauna. There are also occasional depressions into which the surface-water flows, leaving organic *debris*, forming swamps or *slashes*, which partake of the characters of the alluvial river-margins; they are of no great extent, except in the southern part of the State, where a few large marshes occur. In all these localities the different species of upland pines are replaced by a luxuriant growth of cypresses, live-oaks, sycamores, etc., which, draped in long, pendant, hoary moss, stand like grim-bearded sentinels guarding the deadly arcana of these paludal domains. These marshy tracts constitute less than one-tenth of the entire region under consideration; almost the sole indigenous product of the remaining area consists of a few species of highly-resinous pines, prominent among which is the *Pinus Australis* or long-leaved pine. This tree here attains a height of seventy feet; its straight, symmetrical trunk is destitute of branches for fifty or sixty feet; its limbs spread widely at the top, and its leaves, twelve inches long, hanging in graceful tassels, form most beautiful foliage.

Almost the sole vegetation growing in the shadow of these pines is the "wire-grass," which covers the hard, smooth, sandy surface with a thick elastic growth. The greater part of this tract is now covered with a primitive forest, and deer still browse on its verdant slopes.

The emanations from these pines appear to repress many kinds of vegetation and most of the lower forms of animal life. The dense shrubbery to be met with in other forests is here entirely wanting. Few reptiles are found, and the insect's hum is scarcely heard. The solemn silence that fills the sombre depths is broken only by the whisper of the breeze in the tasselled foliage, or rarely by the deep roar with which the tempest fills those stately aisles. Through this vast and park-like expanse the air of winter is tempered to a vernal mildness. Intermediate in position betwen the Atlantic and the Gulf of Mexico, the climate is characterized by a greater uniformity of temperature than prevails on either coast. During a winter which I passed in this region there were but five days of frost; rain occurred on sixteen days, and there were about the same number of cloudy days, leaving nearly two months of calm, cloudless weather, with a temperature about the same as that which prevails in the State of New York during the month of September.

It is a well-observed fact that iron, when exposed in this pine-forest, exhibits far less tendency to oxidation than where a different growth prevails. The fact that turpentine absorbs ozone may have some connection with the above.

There is little dew, and it is noticed that exposure to the night air seldom affects injuriously the most delicate invalids. These statements apply to the *dry* upland district, excluding a zone of eocene fossils a few miles wide, by which it is traversed, and also some of the cretaceous formations of south-western Georgia.

The long-leaved pine (and in a less degree is this true of all other species) exhales not only large quantities of the vapor of turpentine, but also a peculiar aroma from its foliage, which, I think, plays an important part in its therapeutic effects. The former arises in great part from the dead pines, from which, as the exterior shell decays, the volatile portion of the turpentine passes off into the atmosphere, ultimately leaving the interior a mass of woody fibres and resin, which constitutes the "light-wood" used by the inhabitants for fuel and for illuminating purposes.

These umbrageous wastes have long formed a pleasant and salubrious retreat for the enervated and malaria-stricken inhabitants of the sea-coast and "bottom-lands," during the summer months, though their hygiene is very imperfectly understood.

As far as malarious affections are concerned, the influence of the pine is preventive rather than curative; but there is another class of maladies in which its effects are unquestionably therapeutic: I refer to chronic organic diseases of the lungs, and especially to pulmonary consumption. There not only exists a remarkable immunity from this disease in the dry pine-region, but phthisical patients who go thither often experience very great benefit, not unfrequently terminating in perfect restoration to health.

The dyscrasia which precedes the development of phthisis appears to be corrected by the special tonic and alterative action of the terebinthine vapor and aroma. Curative effects are more strikingly manifested when the local symptoms of consumption become serious and threatening. My own observation, and the testimony of many patients who have resorted to this region (though generally not under circumstances most favorable for a cure) indicate that a marked improvement in both general and local symptoms almost uniformly occurs within a short period. The terebinthine vapor very probably acts on cavities in the lungs, in the same way that balsamic substances usually do when applied to the ulcerated surfaces, resulting from low

forms of inflammation, stimulating healthy granulation and promoting cicatrization.

Long or Short Forceps.

During a discussion in the Obstetrical Society of Boston, reported in the Boston *Medical and Surgical Journal:*

Dr. Cottiug exhibited Braithwaite's short forceps, which are so constructed that the whole is compactly stowed, and easily carried in the pocket.

Dr. Parks quoted Barnes' view of the superiority of the long forceps in all situations of the head.

Dr. Ayer agreed with him, saying he never had success with the short forceps. He further mentioned the case of a large, fat woman, whose labor was impeded by the child's head passing forward over the brim of the pelvis at each pain, instead of downward; the difficulty was remedied by the nurse pressing upon the protuberance over the pubes. A sheet drawn tightly over the belly at the moment of each pain, he regarded a useful aid to labor.

Dr. Cotting had used the latter expedient many times. He was accustomed to fold the sheet in four thickness, pass it around the belly and tighten moderately by twisting it behind the back, during the pains, regulating the degree of tightness by reference to the degree of relief felt by the woman. Generally, he should say, it gave great relief and hastened the close of labor.

Dr. Lyman described a case of presentation of the hip, which had been taken for one of the head. The child was delivered by manipulation, forceps being used to extricate the head.

Dr. Abbot, in reference to the common expression, "impacted head," questioned whether, with a normal presentation, there is such a thing as complete impaction in the superior strait, so that the head cannot recede or be moved by the hand in the interval of pains.

Dr. Putman thought he had seen such a case, probably a consequence of narrowing of the antero-posterior diameter.

Dr. Parks observed that MURPHY reserves craniotomy for this class of cases, excluding the forceps as quite inadmissable in such circumstances.

Dr. Abbot believed, in opposition to Murphy, that the forceps were a proper remedy for so-called "impaction."

Dr. Lyman had seen a case of face presentation in consultation where the head had been absolutely immovable for 24 hours. The strength of the patient and the condition of the vagina continuing good, it was thought best not to interfere, and the child was finally born after a two days' labor, without rupture of the perinæum and the mother making a good recovery. Had the case been seen earlier, possibly manual interference or the forceps would have been advisable.

Dr. Putnam remarked that, in his opinion, in a case of positive arrest of the head it was important to resort to the forceps before the soft parts should become swollen, and thereby increase the difficulty. Traction, aided by some diminution of the size of the head by forceps, would probably be successful.

He thought the danger of vesico-vaginal fistula under these circumstances arose not from the forceps, but from unremitting pressure of the head upon the soft parts.

Dr. Lyman and other members coincided in this opinion.

Dr. Reynolds agreed strongly with those gentlemen who had denied that the forceps frequently cause vesico-vaginal fistula; he thought the delay of the head in the passage is the prominent cause, through the long-continued pressure exerted. He had never seen the impaction which was under discussion. He entered a strong caution against the teaching of Murphy, Ramsbotham, and that class of obstetric writers, upon this point.

Dr. Abbot had lately had two forceps-cases, both in primiparæ, where the blades of the instrument were applied directly over the ears of the child, the head being in the superior strait with the forehead toward the pubes. One child lived; the other was extracted, with great difficulty, dead. He instanced them as showing that the head *sometimes* lies in the antero posterior direction, though he was far from conceding the truth of Dr. Cotting's view that such is the normal position.

Recent Advances in Medicine.

Dr. JOEL SEAVERNS, of Boston, in an address published in the *Medical and Surgical Journal* of that city, says:

In conclusion, to sum up what seems to be taught by the recent advance in medicine, on germs, spores or other organisms in the causation of disease—on the pathology of inflammation and the transudation of the white corpuscles of the blood through the walls of the vessels, their multiplication and abundant reproduction in various pathological states; on the influence of the ganglionic system over the oligæmia and hyperæmia of various organs; and the phenomena produced by the exhibition of various well known drugs, is this, that we can, by well known antiseptics, destroy in the air or elsewhere these parasites, thus preventing their entrance into the human system; that we can, by drugs, as proved by the experiments of BINZ and others, directly check the zymotic process in the blood, and the vital movements of these organisms; that we can also arrest the inflammatory process by checking the migration of the leucocytes, or white corpuscles, through the vessel-walls into the tissues of the membranous and parenchymatous organs; that we can lessen the number of these leucocytes, and can also re-

lieve anæmia or congestion of organs, and the various organic changes which follow the narrowing, dilatation and rupture of the capillary arteries. All this we can, or seem likely to be able to do by the direct action of drugs, the wonderful complexity and hitherto unknown variety of whose resources we have also briefly shown.

These advances, then, seem to place in our hands, if we are but willing and skilled to use them, the power of modifying to a very great extent the vital functions, and indicate a tide of progress that will one day sweep away that superstitious fear of interfering with the resources of nature, which has allowed so many to perish unaided by those into whose hands they had so trustingly placed their lives. While our clinical experience was denounced as untrustworthy, and every recovery ascribed to a process of Nature, while we could do nothing to prove to the skeptical that remedies had a capacity to do that which we desired, it may have been that our first duty was to do no harm. When we know, as we are likely to, with a great degree of certainty, the organs or the minute anatomical parts, that will be altered functionally or otherwise by our remedies then, although he may still be a great physician who is great in diagnosis, he will be still greater who, having made his diagnosis, knows what remedy or combination of remedies to use to remove the diseased state.

One other matter to which I wish barely to allude in passing is this, that what has been called the empirical use of drugs, and that which we had *assumed* that we knew of them by clinical experience, has not been subverted by these advances in knowledge. The belief that certain old-fashioned remedies "are good for" various diseases, some for asthma, some for malarial disease, some for epilepsy, etc., etc., has been for the most part justified, and confirmed by an increased knowledge of their action; and it seems probable that we shall finally have not merely an excuse for our belief, but valid grounds on which it may rest. The present indications of these results are that it will be shown that the men were right who gave certain drugs to cure certain diseases, and they wrong who laughed at their credulity and declared their treatment was nothing if not injurious.

It need not be claimed that this is already accomplished, that these results are lying completed before us. Many of these researches are incomplete, some are even conjectural; I speak only of them as indicating in their *unfinished* state what they may hereafter *prove*, namely: that the practice of medicine is not merely a philosophical study into the causes, progress, and result of diseases, under the most favorable conditions of hygiene, diet and nursing, but is all this plus the use of remedies to modify, to arrest, or to prevent the changes that disease works; and that the tendency of modern scientific research and discovery in medicine is not to *limit* curative agencies and remedial appliances, but to *multiply* them—not to prove that disease is to be watched, to be guided into safer paths merely, but to a certain and large extent is to be treated and cured; and that drugs which, with one or two exceptions, were to be thrown into the sea, that fishes and not men might be hurt by them, are to be administered, and made use of, with their almost infinite variety of powers, in the care, the relief, and the cure of the sick.

The New Force.

The late investigation of alleged "psychic force" by Mr. CROOKES, of London, are thus criticised by Mr. SELLERS in the *Journal of the Franklin Institute:*

When Hermann astonishes the world by his floating wand, he does it as fairly as Mr. HOME, but does not claim for it other than an example of his skill at prestidigitation. Scientific men tell us that no deceptions are more easy than those involving position of sound, or rather the determination of the source of sound. An accordeon has always been a favorite instrument in the hands of "mediums," not so much on account of its portability as on account of similar sounds being readily produced by devices very readily concealed, if not by the mouth of the operator. A careful examination of Mr. Crookes' paper gives the impression that all the apparatus used was prepared without the knowledge of Mr. Home, and that any collusion was impossible; but still, there is wanting a degree of emphasis which should have specified these conditions.

"Before Mr. Home entered the room the apparatus had been arranged in position, and he had not even had the object of some of it explained before sitting down." Mr. Crookes should have stated which part of the apparatus he alluded to when he said "some of it," etc. Let it be discovered that the six-pound mahogany board was furnished by Mr. Home and the experiments will not be so convincing, for nothing would be easier than the arrangement of machinery which should enable the operator to do what Home did, and would defy detection short of chopping up the board or destroying the spring balance. For my part, I feel sure that the same thing can be done by purely mechanical means with any board and any spring balance, provided those who see the experiment are not told before hand that the experiment is a mere feat of sleight-of-hand. Practitioners of "magic" will thank Mr. Crookes for putting their art among the sciences and for furnishing them with a new term. We shall now hear from the juggler's stage a scientific lecture fully illustrated, to prove the possibilities of the new "psychic" force.

Mr. Crookes tell us, with great exactness, where the accordeon used in "these experiments" was purchased, and, further, that it had not been seen or handled by Mr. Home previous "to these experiments." He fur-

ther alludes to other experiments having been tried at his own house prior to those on the evening he writes about—some with positive and some with negative result; he leaves us, however, in the dark as to whether "these experiments" alludes to all, at different times, or those of this particular evening. If the purchase of the accordeon was so important a matter, surely the experiment with the board and balance, which he considers more conclusive, would warrant the same exactness as regards the origin of the board, provided it had not been purchased by Mr. Home as a piece of apparatus adapted to his requirements.*

*It may be well to state that the author of this critique is quite as accomplished in the field of legerdemain as in that of mechanics. This fact, which is known however only to a privileged circle of friends, to whom the occasional exhibition of his proficiency in the art will be recalled in this connection with great interest, lends to his review a peculiar value.—ED.—*Journal Franklin Inst.*

Reviews and Book Notices.

NOTES ON BOOKS.

The value of instrumental diagnosis, in the investigation of disease, is well illustrated in an article on "Physical Diagnosis in Brain Disease," by Dr. REUBEN A. VANCE, republished from *The Medical World*. We have marked a portion of it for republication in this journal. The dynamometer, the æthesiometer, and the thermometer are the instruments he uses.

The President of the Medical Society of the county of New York, Dr. ABRAHAM JACOBI, has placed in the hands of its Treasurer four hundred dollars ($400), to be awarded for the best essay on "A History of the Diseases of Infancy and Childhood in the United States, and of their Pathology and Therapeutics." Competitors will send their essays in English, with motto attached, and the name and address of the writer, with the same motto, in a sealed envelope, to the present Secretary of the Society, Dr. ALFRED E. M. PURDY, 123 East Thirty-Eighth street, New York, on or before January 1st, 1873.

BOOK NOTICES.

A Treatise on Localized Electrization, and its Application to Pathology and Therapeutics. By Dr. G. B. DUCHENNE; translated from the Third Edition of the original, by HERBERT TIBBITS, M. D., etc., with numerous illustrations, and notes, and additions by the translator. Philadelphia: Lindsay & Blakiston. 1871. 1 vol., cloth, 8vo., pp. 321. Price, $3.00.

Dr. Duchenne may be regarded as the first scientific medical electrician, inasmuch as we owe to him the discovery of the various applications of the direct and induced currents. The first edition of the work before us made an epoch in the history of electricity as employed in therapeutics.

The present edition, therefore, will be welcomed and studied by every one who hopes to maintain himself on the level of progress in this branch of medicine. Owing to the siege of Paris the translation appears before the French original. It is not only an exhaustive treatise on the medical uses of electricity, but is also an elaborate exposition of the different diseases in which this subtle element has proved of value, either as a therapeutical or a diagnostic agent.

The additions which have been made by the English editor, have been written with reference to the requirements of those practitioners who have not already thoroughly familiarized themselves with the use of medical electricity.

The illustrations are abundant and well printed. They add much to the elucidation of the text. The work in this country appears on English sheets, and presents excellent paper and typography.

Essay on Growths in the Larynx: with Reports, and an Analysis of one hundred consecutive cases treated by the Author, and a Tabular Statement of all published cases treated by other Practitioners since the invention of the Laryngoscope. By MORELL MACKENZIE, M. D., London. M. R. C. P., etc. With numerous illustrations in chrome lithography and wood engraving. Philadelphia: Lindsay & Blakiston. 1 vol., cloth, 8vo., pp. 263.

Unquestionably this is the most complete work in existence on laryngeal growths, and one written in a clear style and practical manner, full of information drawn from an experience hardly equalled in this department.

The subject is investigated in various sections, under the general headings of history, causes, symptoms, diagnosis, pathology, prognosis, and treatment. The latter section embraces internal or laryngoscopic treatment by both mechanical and chemical means; and extra laryngeal methods, such as division of the thyroid cartilage, and thyroid membrane, laryngotomy and tracheotomy.

The reports of cases are exceedingly careful and minute, occupying considerably more than a hundred pages, and are highly instructive. The lithographic plates are accurately colored, and present so clearly to the eye the character of the growths, that an error would be next to impossible.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 23, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE CONTROL OF EPIDEMICS.

If any real advance has been made in medical science within the last century, it is more conspicuous in the knowledge of the laws of preventing disease than of curing it. We do not mean to say that we are stationary in the latter respect; but few will assert that any very striking progress has been made. But it is different in general prophylaxis. It is safe to say that if typhus, cholera, yellow fever, even malarial fever, prevail as epidemics, it is because we choose to permit and do not care to prevent them.

The study of disinfectants, the disposal of refuse, the utilization of sewage, the laws of ventilation, the theories of healthful warming, the plans of drainage, the erection of model houses for the poor, are subjects which have occupied a large share of public attention, and are discussed in the light of advanced science and philanthropic motives.

The difficulties health reformers have to meet with, arise from the criminal negligence of the wealthy, and the ignorance of the poor. So long as greedy landlords are allowed to build tenement houses without the least regard to sanitary laws, and oppose sewerage and cleanliness on the ground of its expense, it is hardly to be expected that the pooer class will feel called upon to take any active measures.

Then, the public at large are not instructed on many points of the utmost importance to the public health, and, strange to say, there is not that desire to instruct them in the laws of health which there should be among physicians. We have heretofore expressed our entire disapprobation of any medical man who prefers darkness rather than light in the popular mind on *any* medical subject. We make no reservations, and none ought to be made. But certainly few can carry their prejudices to the extent of objecting to the distribution of a knowledge of general sanitary measures.

In the future, the officers of life insurance companies, accident insurance companies, etc., will feel it their *interest* to aid health officers and sanitary reformers in these measures. The fact is alarming, yet true, that the average duration of life (throwing wars out of the question) has not been so great this last decade as in previous decades in this century.

The solution of this startling statement is to be looked for in the large increase of the urban populations, and the comparative and often actual decrease of rural residents. Our cities have been crowded to excess, and their cleanliness has been neglected. The mortality of infants in cities is far ahead of that in the country. The fatal effects of drunkenness, prostitution and venereal vice, are far greater, in proportion to population, in cities. The occupations of the lower classes are far less healthy than in the country.

Dr. LIEBER says the world is now about entering an age of municipalities. The causes we have have just mentioned will increase, therefore, in fatality, unless active measures are devised to correct them. Human life will progressively shorten, and human health deteriorate. Boards of Health, and those who have charge of street-cleaning, must be held

to a stricter accountability. Their neglect of duty should be construed as a conspiracy against the body politic. And the punishment ought not to be light.

Notes and Comments.

The New Orleans Medical Journal.

This excellent journal has been missing from our table for nearly a year, and we regret to learn that it has been discontinued. We have been at a good deal of pains to find out what had become of it, as the last number issued gave no indication of dissolution. Letters addressed to the publisher and the proprietor were unanswered, and, moreover, we, and others to our knowledge, in different sections of the country, have remitted money to the publisher and proprietor which has been retained without explanation; and further still, *very recently* we received an order from the office of the *Journal* to send the REPORTER to a subscriber in Mississippi, and send bill, which has received no notice; and this when we were sending cash for subscriptions to the *Journal*. This would indicate a moral obliquity somewhere, for it would have been easy for the proprietor to have made arrangements with some other journal to fulfill its obligations to subscribers, or to return money when there was no probability of a further issue of the work.

We learn that Dr. S. M. BEMIS, while occupying an editorial position on the work, had no proprietary interest in it.

Hebephrenia.

This is the name given by Dr. EWALD HECKER, in a recent number of *Virchow's Archiv*, to a peculiar form of insanity which develops itself at the age of puberty, and is directly connected with the "physical and psychical alterations of the ego," which occur at that period of life. Its origin is to be sought in the reaction of the new sexual life on the mind. And it results not unfrequently in permanently diminished power of the mental faculties, at times passing into actual idiocy. It is one of those diseases which are easier prevented than cured, and about which there is a prevailing want of knowledge on the part of teachers and parents.

The Daily Ration, and the Quality of Food.

The daily ration for an adult is said, by Dr. SÉE, of the Medical School of Paris, to be 100 grammes of meat, 20 grms. of salt fish, 750 grms. of bread, 50 grms. of lard, and 50 grms. of dried and compressed vegetables; a total of 970 grammes of solid food. Incidentally, remarks the *Quarterly Journal of Science*, the author observed that crust of bread contains just twice as much nourishment as crumb, which contains 44 per cent. of water. The highly nutritive value of wine was specially alluded to, and illustrated by the fact that, in some districts of France and Spain, men live on bread and wine only, for many weeks together, in a healthy and vigorous state.

We cannot agree with Dr. Sée about the "highly nutritive value of wine." There is, we believe, a minimum amount of nutriment in a given quantity of even the best wine.

Treatment of Favus without Depilation.

In the *Allgemeine Medicinische Central-Zeitung*, No. 55, we learn Dr. DE RENZI'S treatment of favus without depilation. He holds this painful procedure to be unnecessary and recommends that the scalp be carefully shaven and washed with soft soap, well rubbed in; twice daily, after each washing, the scalp is to be anointed with an unguent of carbolate of soda and cerat. simplex.

New Treatment of Small-Pox.

Official medical circles in Germany have been testing a novel treatment of small-pox invented by Dr. STRUCK of Coblenz. According to our German exchanges, it consists merely in repeated daily washings of the patient in crude wood vinegar (acidum pyroligneum crudum.) This is asserted not only to act most beneficially on the course of the disease, but absolutely to prevent the possibility of infection. We must add, however, that the experiments made in the Berlin small-pox hospital have not borne out these claims.

Beware of Pet Dogs.

An important observation is made by Dr. CLEMENS of Frankfort, in a recent number of the *Deutsche Klinik*, to the effect that lap-dogs can and do give rise to the intestinal parasite, the *tænia echinococcus*, in the human subject. He relates two cases of young girls who slept

and ate with their lap-dogs, who unquestionably became contaminated from their companions. In Iceland, where one-sixth of the population die of the echinococcus infection, the dogs swarm with the tænia, and are kept in the family dwelling rooms. The dejections of domestic dogs nearly always show the tænia in quantities.

The Advance in Quinine.

The New York *Bulletin* says: "During the last week there has been a great advance in the price of quinine. Early in the week it sold for $2.60 per ounce, and to the close it advanced as high as $3.75 per ounce. This rapid advance is undoubtedly owing to the prevalence of chills and fever, for which quinine is the chief remedy. The present supply is very limited, and there have been heavy sales for future delivery. Manufacturers have sold all they can make during the present month and October, and it is probable the market will continue high for some time. This advance in quinine has caused an advance in the price of Peruvian bark. The importations of the bark for the week have been 1,327 packages, making 19,472 packages since the first of the year. For the same period last year the importations were 10,778 packages.

The Root of the Evil

"Doctor," said a wealthy patient to his physician, "I want you to be thorough—strike at the root of the disease!" "Well, I will," said the doctor, as he lifted his cane and brought it down hard enough to break into pieces a *bottle* and glasses which stood upon the sideboard. It was his last professional visit in that house.

Practical Recipes.

To Make Carbolic Acid Paper.—Carbolic acid paper, which is now much used for packing fresh meats, for the purpose of preserving them against spoiling, is made by melting five parts of stearine at a gentle heat, and then stirring in thoroughly two parts of carbolic acid; after which five parts of melted paraffine are to be added. The whole is to be stirred together until it cools; after which it is melted and applied with a brush to the paper, in quires, in the same way as in preparing the waxed paper so much used in Europe for wrapping various articles.

On Koussin.

At a recent meeting of the Society of Physicians at Vienna (reported in the *Allegemeine Medicinische Zeitung*), Prof. LEIDESDORF reported that an examination of the leaves of the *Brayera anthelmintica* resulted in an extraction of a better resin, called, by PAVESI, *koussin* or *tænin*. Pure koussin is light yellow, smells like Russia leather, hardly soluble in water, but readily so in alcohol and alkalies. Its formula is, C_{26}, H_{22}, O_5. It can be given in a dose of a scruple, followed by a second dose in two hours. Three or four hours after taking these doses, the tape worm is expelled. It needs no preparation of the system; has no after effects.

Physicians' Fees.

A report to the British Medical Convention advocates, as another "reform," the paying physicians by the year or the quarter, so much per annum for all ordinary work, leaving a good margin for supplementary fees for extraordinary visits. This course has yet to receive *general* trial in this country. "The only difficulty," says the report, "worthy of mention, is that of determining how much the annual sum should be, or rather how little, for it must be comparatively small to secure general acceptance."

Correspondence.

DOMESTIC.

Saccharine Diabetes—Dr. Shearer's New Treatment.

EDS. MED. AND SURG. REPORTER:

In an article published in the REPORTER, Aug. 7, 1871, Dr. J. Y. SHEARER informs the profession that after searching some time for *the great remedy* for diabetes mellitus, he believes that he has at last found it; and that it consists in the combination of the three drugs opium, ergot and tannin. He says "I believed that the arcana of nature had yielded her mystery as to this malady, and that thenceforth, diabetes could have no terrors." As only a few months have elapsed since the reputed recovery took place, the doctor will perhaps allow me to refer him to a sentence from VON NIEMEYER'S *Practice of Medicine*, Vol. 2, page 779, as a hint to keep further watch of his patient. The passage referred to, reads as follows: "A *complete* and *permanent* recovery from diabetes, if it ever occur at all, is *extremely rare;* although plenty of

cases have been recorded, in which a pause in the symptoms of longer or shorter duration has been observed." Again the same author says, page 785, when speaking of the treatment of diabetes: "It is always suspicious when numerous remedies are recommended for a disease; in such cases, usually, none of them have any special effect on the course and termination of the affection." Without wishing to damp the doctor's enthusiasm, which seems rather extraordinary in these days characterized by unbelief, I would respectfully suggest that the recovery of his case may have been a *mere coincidence*, and not in any way connected with his plan of treatment. To prove that it was *not* a coincidence, it would be obviously necessary to try the same plan in other cases before jumping at so hasty a conclusion. Experience teaches how hard it is, even for medical men, to avoid the fallacy so common to the *laity*, expressed tersely in Latin, "*Post hoc, ergo propter hoc;*" ascribing every change for the better or worse in the progress of a disease to the influence of the medicine which was swallowed.

To show that diabetes may occasionally be apparently recovered from without medication, I will refer to a case related by Dr. FLINT in his work on practice, page 792, where it is stated that Mr. C. merchant, aged 45, passed large quantities of urine containing an abundance of sugar for some time. The case was also complicated with enlargement of the heart and co-existing albuminuria. Yet this man recovered from his diabetes without any plan of medication, and even without any restrictions as to his diet. How long he remained better is not known. Now suppose this patient had been taking opium, tannin, and ergot during his recovery, would Dr. Flint have been justified in announcing a new discovery in the therapeutics of this disease, which would henceforth rob it of its terrors?

A case of saccharine diabetes occurring recently in my own practice, illustrates how improvement may take place without any explicable cause. The patient, Mr. D., aged about 70, has had an unusually large flow of urine for several years. Six months ago the discharge of urine became still more profuse, and he then came under my care. An examination of his urine by Trommer's test showed the presence of sugar in abundance. From this time, for a period of four months, the patient steadily emaciated, and grew weaker daily, until he could scarcely sit up in bed. His legs became enormously swollen, and his body was reduced almost to a skeleton. For the first two months of his sickness various plans of treatment, duly authorized by "the books," were adopted, but without avail, and at length he was given no medicine except opium in two-grain doses twice a day. This was continued for a number of weeks with the same result, viz.: progressive emaciation and increasing dropsy. Suddenly, without apparent cause, decided improvement began to take place. The dropsy entirely disappeared in a week; his strength came back to him by degrees, his urine decreased in quantity, and now, two months later, he is able to sit up and walk about. He still takes opium daily in the same quantity as at first. I do not consider this a case of *recovery* from diabetes, but rather one in which all symptoms were temporarily ameliorated from some unknown cause. I cannot describe his improvement to the use of opium, since he took that drug nearly two months without any notable effect before he began to improve.

I do not cite this as a parallel case to that of Dr. S., but simply to show that an amelioration of all the symptoms may take place in saccharine diabetes, which has no connection whatever with the plan of treatment resorted to. I have heard that it is a custom among certain tribes of savages, when an eclipse of the sun occurs, to assemble in some convenient place, and with wild gestures, beat their tom-toms, and utter their frantic cries, as if to scare away the demon of the heavens; and as the shadow becomes deeper and deeper, threatening to engulf the world in darkness, so the more frightful are their yells, and the more terrible their energy. At length the shadow begins to move off; the crisis is past; the danger is over and the poor Indian is happy. You cannot, by any rules of astronomy, teach him that he has not averted the impending catastrophe by his own wild efforts. So it is, sometimes, in our own profession. Here is an obstinate and obscure case, about which there are many dark points. We do not understand its pathology. Occult and complicated laws are involved. Unseen and unknown factors are here silently at work. The medicine man is puzzled as the case waxes worse and worse. Other medicine men are called in to aid. The professional tom-toms are vigorously beaten. All at once there comes a change. The patient improves, perhaps recovers. Ah! exclaims the medicine man, I told you so! This was *my* work! The great remedy has been discovered at last.

Now, in regard to Dr. Shearer's "New Departure," in the treatment of diabetes, I do not doubt but the remedies he so highly recommends are appropriate enough, and perhaps would be as serviceable as any others that could be employed. What I object to, is, his claim to the discovery of a specific for so fatal a disease, based on his apparent success in a single case. Such a claim might lead others to base their hopes and those of their patients on a false foundation, and so lead ultimately to failure and disgrace.

And, finally, would it not be wiser and better to give up altogether our insane hunt after specifics for diseases rendered hopelessly incurable through some structural lesion? That certain maladies are, and must forever remain incurable, is a law of Nature, as immutable as the everlasting hills. We, as physicians, must

accommodate ourselves to, and abide by, that law, as surely as by the law of death. Why, then, should we ever and anon hear from respectable sources of some new specific for the incurables?

RALPH S. GOODWIN, M. D.
Thomaston, Conn.

On Swallowing Gas.

EDS. MED. AND SURG. REPORTER:—

In your issue of Aug. 19th I noticed an article by Dr. CROTHERS on carbonic acid gas. He speaks of its effects when swallowed (?) as such. What I would inquire is, whether it is possible to swallow any gas in a gaseous condition? We certainly admit that the gas in question can be eliminated from a number of drugs when placed in the stomach, but I am inclined to believe the swallowing of gas in a free state entirely untenable. Without going into the physiology of deglutition, I wish simply to remark that in every attempt to swallow after inspiration an egress of air takes place from the lungs, as can be proved by any one who will take the trouble to compress his nares whilst he swallows after taking an inspiration. He will immediately feel both ear drums flap, and the nares fill, and can with difficulty take but a small quantity more air into his lungs without first expiring that which he previously inspired. With the nares closed or open I believe it physically impossible to swallow either gas or air.

I am inclined to think the effects the doctor records were due to other causes than getting the gas into the stomach. It seems to me far more probable that whatever symptoms were produced by the gas must have resulted from its contact with the nervous filaments so plentifully distributed in and about the mucous cavities to which the gas had access, as the pharynx, larynx, nares, buccal opening, tympanum, and perhaps into the lungs there manifesting its influence on the par vagum. The gas instead of passing into the lungs most likely passes out of the nose, one or the other.

L. E. FRANKS, M. D.
ROCHESTER, N. Y., Sept. 4, 1871.

[It is true, as Dr. FRANKS observes, that we cannot swallow a gas, pure and simple. We cannot perform the muscular act of deglutition at will. Some stimulus, either liquid or solid, to the fauces is essential. But for all this, we believe Dr. CROTHER'S experiments are correct. The stimulus to the act of swallowing was given by a little saliva, or the back of the tongue, and the gas passed to the stomachs as when we take it in the froth of a glass of soda-water.—EDS. REP.]

—At Hartford, Conn., a number of persons were poisoned, during the past week, by eating "toadstools" in mistake for mushrooms, and three of them have died.

NEWS AND MISCELLANY.

The Cholera.

Advices of Sept. 7 say: The cholera epidemic in the Baltic provinces of Prussia begins to abate. At Konigsberg, where the disease has been most violent, there were forty new cases and twenty-eight deaths on the 4th instant, and on the 5 h only seventeen new cases and fifteen deaths. There has been but one fatal case at Stettin, and at Dantzic, the disease has been pronounced sporadic.

The few cases of cholera that have occurred at Paris and in this city, are now said to have been of a different type from the Asiatic scourge. The anxiety which was felt at Berlin and throughout Germany is decreasing, and it is confidently hoped the precautions taken, aided by the approach of cold weather, will stay the progress of the epidemic.

Later advices of the 12th tell us that it is denied that the cholera is abating in Russia, and it is stated that there is still an average of one hundred and fifty deaths per day in Kiev.

The American ship Lavello, from Hamburg, has arrived at Cardiff with four of the crew dead from cholera. The vessel is detained at quarantine.

A few cases have been reported at Vienna, the first August 7th, which was fatal.

Our German exchanges say the disease has been very malignant in Russia. In the city of Tambow, of 33,000 inhabitants, 917 were attacked in six days (July 2–8) of whom 458 died; on July 13th there were 238 cases and 132 deaths.

A Fortune from Iniquity.

Within a stone's throw of the Metropolitan Hotel, in Broadway, New York, says a daily paper, a regular physician, daily until his recent death, received in a suite of apartments the visits of married ladies, who demanded his services and paid him enormous fees. He died in possession of an immense fortune, at his splendid country-seat a few miles from the city.

It is said that his death caused regret in fashionable circles, because in so many families he had left at least one lady friend, who considered it a personal loss, and despaired of finding so ready and skilful a "friend" in the future. But the doctor's death left no void in his vocation. His offices, we are told, were speedily occupied by a younger practitioner, who is said to give equal satisfaction by his nefarious work.

The Famine in Persia.

The accounts that have for some time been slowly arriving in British India, it is stated, prove conclusively that famine of the most

appalling description prevails in Persia. In all parts of India relief committees have been formed and subscriptions have been liberally contributed. The accounts from Meahed, the capital of the Province of Khorassan in Northeast Persia, state that during the six months preceding April, 18,000 persons had died from starvation—432 in one day.

Chloroform.

Chloroform, remarks the *Scientific American*, the most important of all anæsthetics, was discovered first by M. Soubeiran, in 1831; then by Baron Justus Von Leibig; and its chemical and physiological properties were more fully investigated by Dumas in 1835. It is formed from chlorine acting on marsh gas, and is prepared on the large scale by distilling together bleaching powder (chloride of lime) containing a little quicklime to render it alkaline, water, and spirits of wine, or wood spirit; the distilled liquor is then shaken with several successive portions of distilled water to free it from any soluble impurities, agitated with its own weight of pure oil of vitriol, and lastly, distilled from a mixture of chloride of calcium and quicklime, which removes every trace of water and acid, and renders it much more permanent and safe to use than if these impurities were allowed to remain. Chloroform is also the best known solvent for camphor, resins, sealing wax, and gutta percha; it also dissolves the vegetable alkaloids, strychnia, morphia, quinia, etc., in large proportions, and is very useful as a local anæsthetic in allaying the pain of toothache; as a solvent it will remove greasy spots from fabrics of all kinds, but its chief use is as an anæsthetic, of which kind of medicinal agents it is the type. There are several other volatile organic bodies which possess similar properties, but none, so far as we have yet been able to discover, produce the total unconsciousness and muscular relaxation that follow the inhalation of chloroform.

Fecundity.

Bainbridge, Ga., must have a very salubrious climate for babies. They have about 1,500 inhabitants, and the city records show an average of five new babies per week. When the percentage falls off a woman will catch up by having twins, and often triplets. One woman is doing well and nursing a quartette of babies.

Foot and Mouth Disease.

Owing to the prevalence of the foot and mouth disease among the cattle in England, the United States Consul at Liverpool has discontinued granting certificates for the shipment of cattle to the United States.

——Incremation has been pratised upon a large scale on the battle-fields near Sedan. Tar and petroleum oils were the combustibles used. The work was done by a commission appointed by the Belgian Government.

OBITUARY.

SURGEON SAMUEL G. J. DELCAMP, United States army, who died at Saratoga Springs, N. Y., on the 8th of September was appointed an assistant surgeon in the army from the State of New Jersey on the 10th of October, 1823; was promoted surgeon on the 1st of December, 1833, and retired from active service August 27, 1862. He served with distinction in the Black Hawk War, the Florida War, the War with Mexico, and the first part of the Rebellion, and up to the date of his retirement was Medical Director of the armies of the West

WORDS OF ENCOURAGEMENT.

Dr. J. V. W., Indiana.—"I am well pleased with your REPORTER AND COMPENDIUM, and require but little more in the way of journals. I am about as well served with them as when I took a-half dozen. In fact, at my age, I can't wish more, not being able to read more from a general break-down caused by forty years hard labor in the medical harness."

Dr. H. C., of N, Y., writes:—"I am in the receipt of—[naming three] and other medical journal of the country, but I like yours, and, therefore, nearly 80 years old, I send you inclosed $7," &c.

Dr. J. D. G., Pa. says:—"I am highly pleased with the ability and freshness of the MEDICAL AND SURGICAL REPORTER," &c.

Dr. T. J. S., Pa., says: "Of all the medical journals I take, I believe it [THE REPORTER] to be the best. Its Hospital and Clinical Reports, together with those of the many other medical organizations that are found in its pages, are alone worth double the price of subscription, especially to the country physician, as it gives him the same advantages, and places him on an equal footing with the practitioners in our large cities. It is the very best medical journal published on this continent."

MARRIED.

PENNYPACKER—MORTON—At Woodside, September 7, 1871, by the Rev. Mr. Perry, William D. Pennypacker and Mary Frances, daughter of F. Knox Morton, M. D., of this city.

PRATT—WADDELL—August 22d, in Lexington, Va., by the Rev. T. L. Preston, of Richmond, Va., assisted by the Rev. W. W. Houston, of Salem, the Rev. John P. Pratt, pastor of the Presbyterian church in Lexington, and Miss Maria, daughter of Dr. Livingston Waddell.

TRUITT—HICKOK—In St. Stephen's Church, in this city, September 5th, by the Rev. John Crossdale, David J. O. Truitt, M. D., of Newtown, Md., and Josephine, daughter of Henry C. Hickok, of this city.

DIED.

GRIFFITHS—In this city, September 11th, C. Monroe Griffiths, Jr., eldest son of Dr. C. M. Griffiths.

KEELER—At Bedford, Westchester county, N, Y., Dr. Walter Keeler, in the 94th year of his age.

LEE—At Newburgh, N. Y., on the 15th inst., after a lingering illness, Dr. Edward E. Lee, aged 35 years.